

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2		1					52		
3		0					53		
4		2					54		
5		0					55		
6		0					56		
7		1					57		
8		1					58		
9		2					59		
10		2					60		
11	1						61		
12		1					62		
13		2					63		
14		2					64		
15		2					65		
16		3					66		
17		2					67		
18		2					68		
19		2					69		
20		2					70		
21		0					71		
22		0					72		
23		0					73		
24		0					74		
25		0					75		
26		0					76		
27		0					77		
28		0					78		
29		0					79		
30		0					80		
31		0					81		
32		0					82		
33		0					83		
34		0					84		
35		0					85		
36		0					86		
37	1						87		
38		1					88		
39		1					89		
40		1					90		
41		1					91		
42	1						92		
43		1					93		
44	1						94		
45	1						95		
46	1						96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	8						TOTAL IND.		
TOTAL DEP.	52						TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		